

Attorney's Docket No. <u>027650-836</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of) BOX: AF				
Thorbjo	rn ANDERSSON et al) Group Art Unit: 1772				
Applica	tion No.: 09/423,207	Examiner: M. Patterson				
Filed: 1	November 3, 1999	1EC				
	EXTRUDED/BLOW MOULDED BOTTLE, AS WELL AS A METHOD AND MATERIAL FOR PRODUCING THE BOTTLE	RECEIVED DEC 12 2001 TECHNOLOGY CENTER 1700 ANSMITTAL LETTER ANSMITTAL LETTER				
	AMENDMENT/REPLY TR	ANSMITTAL LETTER				
	at Commissioner for Patents gton, D.C. 20231					
Sir:						
En	closed is a reply for the above-identified pate	ent application.				
[X]	A Petition for Extension of Time is also e	enclosed.				
[]	A Terminal Disclaimer and a check for [requisite Government fee are also enclose] \$55.00 (248) [] \$110.00 (148) to cover the ed.				
[]	Also enclosed is	•				
[]	Small entity status is hereby claimed.					
[]	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (279) [] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).					
	[] Applicant(s) previously submitted _ requested.	_, on, for which continued examination is				
[]	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.					
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.					
[X]	No additional claim fee is required.					

Amendment/Reply Transmittal Letter Application No. <u>09/423,207</u> Attorney's Docket No. <u>027650-836</u> Page 2

[] An additional claim fee is required, and is calculated as shown below:

No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE			
3	MINUS 20 =	0	× \$18.00 (103) =				
1	MINUS 3 =	0	× \$84.00 (102) =				
If Amendment adds multiple dependent claims, add \$280.00 (104)							
Total Amendment Fee							
If small entity status is claimed, subtract 50% of Total Amendment Fee							
l	3 1 iple depende	CLAIMS PREVIOUSLY PAID FOR 3 MINUS 20 = 1 MINUS 3 = iple dependent claims, add \$280	CLAIMS PREVIOUSLY PAID FOR 3 MINUS 20 = 0 1 MINUS 3 = 0 iple dependent claims, add \$280.00 (104)	CLAIMS PREVIOUSLY PAID FOR CLAIMS RATE 3 MINUS 20 = 0 × \$18.00 (103) = 1 MINUS 3 = 0 × \$84.00 (102) = iple dependent claims, add \$280.00 (104)			

L	J	A claim fee in the ar	mount of \$	is enclosed
[]	Charge \$	_to Deposit Account No	. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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Date: December 11, 2001